

# EMAIL



FORM  
ORG  
(Rev. 5/2012)



## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

13 APR -1 P5:30

REPORT YEAR: 2013

☐ Amended Statement

STATE OF HAWAII  
STATE ETHICS COMMISSION

For Lobbying Reporting Period: ☒ January 1 - last day of February ☐ March 1 - April 30 ☐ May 1 - December 31

### ORGANIZATION INFORMATION

Hawaii Public Charter Schools Network  
Organization Name  
P. O. Box 3017

G. Lynn Finnegan  
Contact Person

Mailing Address (Number and Street or P.O. Box)

Aiea

HI

96701

City

State

Zip Code

(808) 380-6403

lynn@hawaiiicharterschools.com

Telephone

Extension

Email Address

### PART I. TOTAL EXPENDITURES

|    |                                                                                                                                                                         | Total Amount                |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1  | Preparation & Distribution of Lobbying Materials                                                                                                                        | 1                           |
| 2  | Media Advertising                                                                                                                                                       | 2                           |
| 3  | Postage                                                                                                                                                                 | 3                           |
| 4  | Compensation Paid to Lobbyists (Attached Additional Sheets As Needed)<br>List the names of all lobbyists and compensation paid to lobbyists during the statement period |                             |
|    | Lobbyist Name                                                                                                                                                           | Compensation Paid           |
|    | A. _____                                                                                                                                                                | A. _____                    |
|    | B. _____                                                                                                                                                                | B. _____                    |
|    | C. _____                                                                                                                                                                | C. _____                    |
|    | D. _____                                                                                                                                                                | D. _____                    |
|    | E. _____                                                                                                                                                                | E. _____                    |
|    | F. _____                                                                                                                                                                | F. _____                    |
|    | G. Total from Additional Attached Sheet(s)                                                                                                                              | G. _____                    |
|    | Add lines A through G                                                                                                                                                   | Total Compensation Paid ► 4 |
| 5  | Fees Paid to Consultants (other than to Lobbyists)                                                                                                                      | 5 498.55                    |
| 6  | Entertainment & Events                                                                                                                                                  | 6                           |
| 7  | Receptions, Meals, Food & Beverages                                                                                                                                     | 7                           |
| 8  | Gifts                                                                                                                                                                   | 8 252.57                    |
| 9  | Loans                                                                                                                                                                   | 9                           |
| 10 | Other Disbursements                                                                                                                                                     | 10                          |
|    | Add lines 1 through 10                                                                                                                                                  | Total Expenditures ► 751.12 |

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |
|                |                 |

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |
|                |                 |

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

| Name & Address | Amount or Value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |
|                |                 |

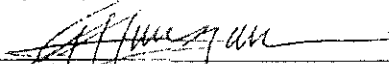
☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |                                                                   |                                                         |                                                                            |                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                    | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management             | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                       |                                                                     |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  
Signature of Authorized Person

Gaudencia Lynn Berbano Finnegan

Print Name

4/1/2013

Date

Executive Director

Title